

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047812

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5519 Registrar's No. 325

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |  |
|--|--|---|--|
| <b>FILED DEC 23 1963</b><br>1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u><br>b. CITY (If outside corporate limits give TOWNSHIP only) <u>White Oak</u> Length of stay in 1b <u>-</u><br>c. FULL NAME OF (If NOT in hospital, give location) <u>At Home</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS <u>Urish, Mo.</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u><br>c. CITY OR TOWN <u>Urish, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS <u>Urish, Mo.</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print) First <u>Eleanor</u> Middle <u>Rachel</u> Last <u>Ross</u><br>4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>1963</u><br>5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/><br>8. DATE OF BIRTH <u>11-2-1899</u> 9. AGE (last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u> IF UNDER 24 HR Hours <u>18</u> Min. <u>18</u> |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Nurse</u> 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>J. O. Cunningham</u> 13b. MOTHER'S MAIDEN NAME <u>Nora Mae Center</u> 14. NAME OF HUSBAND OR WIFE <u>Harlan H. Ross</u><br>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> 16. SOCIAL SECURITY NO. <u>[Redacted]</u> 17. INFORMANT <u>Wayne Ross</u> Address <u>[Redacted]</u>  |  | 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u><br>DUE TO (b) <u></u><br>DUE TO (c) <u></u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u><br>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>  |  | 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> 20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>  |  | 21. I attended the deceased from <u>1955</u> to <u>12-18-63</u> and last saw him/her alive on <u>12-18-63</u><br>Death occurred at <u>7:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| 22a. SIGNATURE <u>Hugh B. Walker, MD</u> (Degree or title) 22b. ADDRESS <u>Clinton, Mo</u> 22c. DATE SIGNED <u>12-19-63</u>  |  | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>12-21-63</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Mullins Cemetery</u> 23d. LOCATION (City, town, or county) <u>near Urish</u> (State) <u>Mo</u>  |  |
| 24. FUNERAL DIRECTOR <u>Brown &amp; Graham</u> ADDRESS <u>Urish Mo</u> 25. DATE RECD. BY LOCAL REG. <u>Dec. 19, 1963</u> 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1964

DEC 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed A. B. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 12-19-63

(M.B.)